

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24290

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5637</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Clay</u>		c. LENGTH OF STAY (in this place) township) <u>28 Yrs.</u>		c. CITY OR TOWN <u>Wellington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Clay</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>7540</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVINA</u> b. (Middle) <u>HELENA</u> c. (Last) <u>FLUESMEIER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 28, 1874</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>1</u> YEAR <u>1</u> DAY <u>1</u> HOUR <u>1</u> MIN. <u>1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>Julious Kessler</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Dieckman</u>	
14. NAME OF HUSBAND OR WIFE <u>John Fluesmeier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Potter Wellington, Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH. <u>10 mths.</u> <u>15 Years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>July 1955</u> , to <u>June 29, 56</u> that I last saw the deceased alive on <u>June 28, 56</u> and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Wellington, Missouri.</u>	
23c. DATE SIGNED <u>6/30/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Evangelical</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Sheppard</u> ADDRESS <u>Wellington, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6/30/56</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

J. Clair Shypard

Licensed Embalmer No. *4179*

P. O. Address *Wellington, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.